he said, "multiple raised, dusky red patches over her body." Hutchinson actually had wanted to do a biopsy of one of these lesions, but ran into a problem common even in this day and age. "I suggested to her," he writes, "that a portion of her skin be removed for microscopic examination with the result that I did not see her again."

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## Analgesic Drugs as Alternatives to Ergotamine in the Treatment of Vascular Headache

About half of the patients who use ergotamine would prefer their headache to the side effects of the ergotamine. And in these, probably a better approach, if the headaches are infrequent, is to provide them with reasonably adequate analgesia. The amount of analgesia required for a severe attack of migraine is really very considerable: at least half a grain of codeine or 100 mg of meperidine (Demerol®), occasionally helped by a small dose of some agent to reduce nausea, for which I prefer either 5 or 10 mg of chlorpromazine (Thorazine<sup>®</sup>), rather than prochlorperazine (Compazine®). Compazine creates enormous business for the neurologist and brings people to our emergency rooms with their teeth stuck together or their heads stuck back on their necks somewhere with one of these prochlorperazine dystonias, which I find quite unnecessary to produce. . . . I don't see what it does that chlorpromazine won't do.

I do think that the abuse of ergotamine continues to be a problem. I just never know—when I see a person who's used intermittent ergot and who then has a myocardial infarct or a stroke or develops some other vascular complication—what the role of the ergot is. But I think, sometimes, it's more significant than my neurological colleagues are willing to admit. I am personally very reluctant to prescribe ergotamine, except as a measure of desperation in the adult. I will use it in teenagers for infrequent vascular headache, with very strong precautions about its use, limiting them to not more than 6 mg in a day, and not more than 10 mg in any week, and with periods of enforced abstinence.

-STANLEY VAN DEN NOORT, MD, Irvine, CA Extracted from Audio-Digest Ophthalmology, Vol. 14, No. 11, in the Audio-Digest Foundation's subscription series of tape-recorded programs. For subscription information: 1577 East Chevy Chase Drive, Glendale, CA 91206.